

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION****PART I: GENERAL INFORMATION**

Requestor's Name and Address:  ADVANCED NEUROMODULATION SYSTEMS, INC. 6901 PRESTON ROAD PLANO, TX 75024	MFDR Tracking #: M4-09-A126-01
Respondent Name and Box #:  TEXAS MUTUAL INSURANCE CO. Rep Box # 54	

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION**

Requestor's Position Summary: "...We are requesting full and complete payment in accordance with TDI-DWC guidelines for procedure code L8680...HCPCS describes procedure code L8680 as "***Implantable neurostimulator electrode, each***". The ANS Manufacturer's Invoice lists the quantity of leads used. Each lead contains between 4 and 8 electrode contacts (L8680) which is the number of units indicated on our HCFA 1500. The patient's physician **prescribed as medically necessary one of the eight electrode lead units, totaling 8 electrodes**. Yet, Texas Mutual has only provided payment for 2 units. But, *8 electrodes were used so 8 electrodes should be reimbursed...* Per TDI-DWC Medical Fee Guideline 134.202 we can expect 125% of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule. For procedure code L8680 billed at 8 units, the fee listed in CMS is \$3,192. **With this factor in place we can expect \$3,990 for procedure code L8680 (that's 3,192 X 125%).**

**Therefore, we are requesting Texas Mutual to provide additional payment in the amount of \$2,992.50 in accordance with the Texas Fee Guidelines."**

## Principal Documentation:

1. DWC 60 package
2. Total amount sought - \$2,992.50
3. CMS 1500
4. EOB's
5. Operative Report

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION**

Respondent's Position Summary: The insurance carrier did not submit a response to the request for medical dispute resolution.

**PART IV: SUMMARY OF FINDINGS**

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
7/10/08	L8680 (X8)	18, 217, 426, 878, W4	1-4	\$2,992.50
Total /Due:				\$2,992.50

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.203, titled **Medical Fee Guideline for Professional Services** effective for professional medical services provided on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied or reduced payment by the Respondent with reason codes:
  - “An implantable neurostimulator electrode, each: is a single implantable electrode array (i.e., catheter, plate) that may contain multiple contacts. Within the context of an implantable neurostimulator electrode, each; regardless of the number of contacts, only two implantable neurostimulator electrodes may be billed for a dual array pulse generator (L8687 or L8688);
  - 18-Duplicate claim/service;
  - 217-Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement. (Note: To be used for Workers’ Compensation only);
  - 426-Reimbursed to fair and reasonable;
  - 878-Duplicate appeal. Request medical dispute resolution through DWC for continued disagreement of original appeal decision; and
  - W4-No additional reimbursement allowed after review of appeal/reconsideration.”
2. HCPCs code L8680 is defined as “Implantable neurostimulator electrode, each.” On the disputed date of service the Requestor billed for eight (8) electrodes.
3. The Respondent denied reimbursement based upon duplicate claim/service. The disputed service was a duplicate bill submitted for reconsideration of payment. The Respondent did not provide information/documentation of duplicate payments. Therefore, this payment denial reason has not been supported.
4. Research of policies for HCPCs code L8680 reveals that policy changes made in January 4, 2002 allow for separate reimbursement for each electrode rather than arrays. Per Rule 134.203(d)(1), the MAR for HCPCs code L8680 is \$399.00/electrode X 125% = \$498.75/electrode. This amount times the eight (8) electrodes billed = \$3,990.00. The insurance carrier paid \$997.50. The Requestor is due the difference between the MAR and amount paid of \$2,992.50.

#### PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311  
28 Texas Administrative Code Section. 134.1, 134.203  
Texas Government Code, Chapter 2001, Subchapter G

#### PART VII: DIVISION ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$2,992.50 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

#### ORDER:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

9/1/09  
\_\_\_\_\_  
Date

#### PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be

conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**